PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application or Docket Number O 8 O 0 0 I C - 102 2 D I C													nber 16 IC916	44
CLAIMS AS FILED - PART I (Column 1) (Column 2)									LE	NTTY	OR	OTHER	THAN	
TOTAL CLAIMS			25					RAT	Ε	FEE	7	RATE	FEE	1
FOR ·			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			25 minus 20=		• 5			XS 9	<u> </u>	чс	OR	X\$18=	•	
INDEPENDENT CLAIMS			/ minus 3 =		· Ø			X43	=		OR	X86=		1
MIL	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=			+290=		•	
• 11	the difference	in column 1 is	less than z	ero, enter	"0" in (column 2	•	TOTA	_	430	OR	TOTAL		
CLAIMS AS AMENDED - PART II								1017	uL.	7.50	OR	OTHER	THAN	1
ئ_	12815	(Column 1)		(Colum	nn 2)	(Column 3)		SMA	LL	ENTITY	OR	SMALL		
ENTA	- ,	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	BER	PRESENT EXTRA		RATI	118	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	,
M	Total	. 10%	Minles			-		. X\$ 9			OR	X\$18=		
AMENDMENT	Independent	. 100	Minus	***				X43=			OR	X86=		
	FIRST PRESE	NTÁTION OF M	ULTIPLE DE	PENDENT	CLAIM		·	4 4 5				+290=		
7	۹,							+145:			OR	TOTAL		
0	7-21.00	(Column 1)	•	(Colum	na 21	(Column 3)		ADDIT. F	EE		OR	ADDIT. FEE		
AMENOMENT B	SIL	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	ST SER USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	•25	Minus	• a	35	= ' '		X\$ 9-	A		OR	X\$18=		
4ME	Independent	RST PRESENTATION OF MULTIPLE DEPEN			<u> </u>	= ,	1 [X43			OR	/X86=	1	
		NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM	. []	1/1	A145:	T			+290=	/	
29	,						4	101/		<u> </u>	OA	TOTAL	-	•
		(Cabona 4)		· .		(Cabuma 2)		ODIT. FE	ΞL		OR ,	NODIT. FEEL	• .	
Τ."	`	(Column 1) CLAIMS	•	(Colum	ŞT	(Column 3)	Г	• •	_	ADDI-	ſ		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT	_	PREVIOUS PAID F	USLY	PRESENT EXTRA		RATE	•	TIONAL FEE		RATE	TIONAL	
휯.	Total	•	Minus	**		3	ľ	X\$ 9=	ı		OR	X\$18=	·	
¥.	Independent	+	Minus			-	. [X43=	1		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ľ	. 4 / 5	1		Ī	.000		
- 11	the entry in colum	m 1 is less than the	B entry in colum	nn 2, write "	O" in col	umn. 3. *	L	+145=	1		OR [+290=		
of it the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR ADDIT.														
Ŧ	ne Tighest Numi	ber Previously Pald	For (Total or	independer	d) is the	highest number	four	d in the a	I ppr	opriate box	in colu	mn 1. `		